

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2008, or tax year beginning JUL 1, 2008, and ending JUN 30, 2009

2008

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions.

Department of the Treasury
Internal Revenue Service

Name of exempt organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return, if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<u>1735683091</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here

Signature of officer

Date

4-28-10

VP FINANCE & TREASURER

Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature ▶	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶				EIN Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶			EIN Phone no.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE JOHNS HOPKINS HOSPITAL Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1101 E. 33RD STREET, TERRACE LEVEL E001 City or town, state or country, and ZIP + 4 BALTIMORE, MD 21218	D Employer identification number 52-0591656 E Telephone number (443)997-5724 G Gross receipts \$ 2776991168. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.HOPKINSMEDICINE.ORG/HOPKINSHOSPITAL	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1867 M State of legal domicile: MD	

Part I Summary			
	1 Briefly describe the organization's mission or most significant activities: THE JOHNS HOPKINS HOSPITAL PROVIDES QUALITY MEDICAL HEALTH CARE REGARDLESS OF RACE, CREED, SEX,		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of employees (Part V, line 2a)	5	10695
	6 Total number of volunteers (estimate if necessary)	6	587
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	4,674,047.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-391,164.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		132,923,171.	123,670,383.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,481,495,214.	1,579,062,771.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		14,536,814.	12,859,456.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		23,290,816.	20,090,481.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,652,246,015.	1,735,683,091.
14 Benefits paid to or for members (Part IX, column (A), line 4)		31,700.	2,631,740.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		534,415,342.	611,350,872.
16a Professional fundraising fees (Part IX, column (A), line 11e)		928,124,954.	940,909,741.
b Total fundraising expenses (Part IX, column (D), line 25) ▶		1,462,571,996.	1,554,892,353.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		189,674,019.	180,790,738.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		189,674,019.	180,790,738.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	1,939,160,351.	2,080,883,318.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,057,505,744.	1,244,299,795.
		881,654,607.	836,583,523.

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	Signature of officer RONALD J WERTHMAN, VP FINANCE & TREASURER	Date	
Paid Preparer's Use Only	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4	Date	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION THE JOHNS HOPKINS HOSPITAL PROVIDES QUALITY MEDICAL HEALTH CARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE, OR ABILITY TO PAY. IN KEEPING WITH THE HOSPITAL'S COMMITMENT TO SERVE ALL MEMBERS OF ITS COMMUNITY, FREE CARE AND/OR SUBSIDIZED CARE, CARE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 191,362,589. including grants of \$ 0.) (Revenue \$ 236,971,027.) NEUROSURGERY

THE DEPARTMENT OF NEUROSURGERY AT THE JOHNS HOPKINS HOSPITAL CONTINUES ITS MISSION TO IMPROVE THE LIVES OF PATIENTS BY BUILDING UPON A TRADITION OF DEEP COLLABORATION. THE DEPARTMENT IS COMPRISED OF 21 FULL TIME CLINICAL NEUROSURGEONS THAT PROVIDE CARE TO OUR PATIENTS WITH THE HELP OF SPECIALIZED NURSES AND OTHER HEALTH CARE PROVIDERS IN THE OPERATING ROOMS, OUTPATIENT CLINICAL BUILDING, AND OUR INPATIENT CRITICAL CARE AND ACUTE CARE UNITS. THE JOHNS HOPKINS HOSPITAL HAS BEEN RANKED #1 IN THE 2009 U. S. NEWS & WORLD REPORT RANKINGS OF AMERICAN HOSPITALS. THE NEUROLOGY AND NEUROSURGERY SPECIALTY AT JOHNS HOPKINS HOSPITAL IS CURRENTLY RANKED AS THE SECOND BEST PROGRAM IN THE

4b (Code:) (Expenses \$ 83559590. including grants of \$ 0.) (Revenue \$ 108,142,768.) CARDIAC SURGERY

FOR GENERATIONS, PEOPLE WITH SERIOUS HEART PROBLEMS HAVE TURNED TO JOHNS HOPKINS CARDIOLOGISTS AND CARDIAC SURGEONS FOR HELP. RECOGNIZED WORLDWIDE, HOPKINS CARDIOLOGISTS PROVIDE COMPREHENSIVE CARE OF THE HIGHEST QUALITY, ENSURING THAT PATIENTS RECEIVE THE MOST ADVANCED TREATMENTS KNOWN TO MEDICINE. OUR CARDIOLOGY PROGRAM FEATURES EXPERT PHYSICIANS WHO DIAGNOSE AND TREAT COMMON AND RARE CARDIAC DISEASES. SOME OF THESE INCLUDE CORONARY ARTERY DISEASE, CARDIAC ARRHYTHMIA, HEART FAILURE AND VALVULAR HEART DISEASE.

DURING FISCAL-YEAR 2009, 1,161 ADULT AND PEDIATRIC CARDIAC SURGERY

4c (Code:) (Expenses \$ 68282973. including grants of \$ 0.) (Revenue \$ 73955178.) ONCOLOGY

SINCE ITS INCEPTION IN 1973, THE SIDNEY KIMMEL COMPREHENSIVE CANCER CENTER AT THE JOHNS HOPKINS HOSPITAL HAS BEEN DEDICATED TO BETTER UNDERSTANDING HUMAN CANCERS AND FINDING MORE EFFECTIVE TREATMENTS. ONE OF ONLY 40 CANCER CENTERS IN THE COUNTRY DESIGNATED BY THE NATIONAL CANCER INSTITUTE (NCI) AS A COMPREHENSIVE CANCER CENTER, THE JOHNS HOPKINS KIMMEL CANCER CENTER HAS ACTIVE PROGRAMS IN CLINICAL RESEARCH, LABORATORY RESEARCH, EDUCATION, COMMUNITY OUTREACH, AND PREVENTION AND CONTROL. THE KIMMEL CANCER CENTER IS THE ONLY COMPREHENSIVE CANCER CENTER IN THE STATE OF MARYLAND. IT ENCOMPASSES A WIDE SPECTRUM OF SPECIALTY PROGRAMS FOR BOTH ADULTS AND CHILDREN COPING WITH CANCER,

4d Other program services. (Describe in Schedule O.) (Expenses \$ 1,023,312,660. including grants of \$ 2,631,740.) (Revenue \$ 1,159,993,798.)

4e Total program service expenses \$ 1,366,517,812. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	X	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 507		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 10695		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
	9b		
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15a	The organization's CEO, Executive Director, or top management official?	X	
15b	Other officers or key employees of the organization?	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed MD
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE CORPORATION - 443-997-5724 1101 E. 33RD STREET, TERRACE LEVEL, BALTIMORE, MD 21218

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
C. MICHAEL ARMSTRONG CHAIRMAN	1.00	X					0.	0.	0.	
FRANCIS X. KNOTT VICE CHAIRMAN	1.00	X					0.	0.	0.	
LENOX D. BAKER, M.D. JR. TRUSTEE	1.00	X					0.	0.	0.	
FRANK A. BONSAI, JR. TRUSTEE	1.00	X					0.	0.	0.	
ELAINE E. BORN TRUSTEE	1.00	X					0.	0.	0.	
GEORGE L. BUNTING, JR. TRUSTEE	1.00	X					0.	0.	0.	
JAMES T. DRESHER, JR. TRUSTEE	1.00	X					0.	0.	0.	
IRA T. FINE, M.D. TRUSTEE	1.00	X					0.	0.	0.	
TRACI S. LERNER TRUSTEE	1.00	X					0.	0.	0.	
EDWARD D. MILLER, M.D. VICE CHAIRMAN	1.00	X		X			0.	495,964.	233,333.	
MILTON H. MILLER, JR. TRUSTEE	1.00	X					0.	0.	0.	
RONALD R. PETERSON PRESIDENT	1.00	X		X			0.	1,568,368.	358,329.	
CHARLES H. SALISBURY JR. TRUSTEE	1.00	X					0.	0.	0.	
RONALD J. DANIELS, J.D., TRUSTEE	1.00	X					0.	0.	0.	
GEORGE J. DOVER, M.D. TRUSTEE	1.00	X					0.	0.	0.	
RICHARD O. DAVIS, PH.D V.P., INNOVATION & PT SA	1.00			X			0.	350,801.	71,172.	
KENNETH GRANT V.P., GENERAL SERVICES	1.00			X			0.	419,317.	35,741.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DALAL J. HALDEMAN, PH.D V.P., MKTG & COMMUNICATI	1.00			X			0.	340,547.	76,290.	
KAREN B. HALLER, PH.D. V.P., NURSING & P.C. SVC	40.00			X			352,515.	0.	75,499.	
HARRY KOFFENBERGER V.P., CORPORATE SECURIT	1.00			X			0.	226,700.	70,087.	
SALLY W. MACCONNELL V.P., FACILITIES	1.00			X			0.	393,708.	51,538.	
PAMELA D. PAULK V.P., HUMAN RESOURCES	1.00			X			0.	450,596.	88,399.	
JOANNE E. POLLAK V.P. & GENERAL COUNSEL	1.00			X			0.	651,184.	112,980.	
STEPHANIE L. REEL V.P., MANAGEMENT SYSTEMS	1.00			X			0.	0.	0.	
JUDY A. REITZ, SC.D EXECUTIVE V.P. & C.O.O	1.00			X			0.	641,352.	102,719.	
BERYL J. ROSENSTEIN, M.D V.P. MEDICAL AFFAIRS	1.00			X			0.	0.	0.	
G. DANIEL SHEALER, JR. V.P. CORP. COMPLIANCE &	1.00			X			0.	360,266.	75,228.	
1b Total							5,492,561.	7,161,220.	2,381,202.	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **596**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
CLARK BANKS A JOINT VENTURE, 7500 OLD GEORGETOWN ROAD, BETHESDA, MD 20814	CONTRACTORS	180941872.
WHITING TURNER CONTRACTING CO 300 E JOPPA RD, TOWSON, MD 21286-3048	CONTRACTORS	43,155,328.
MCIC VERMONT INC, 900 ASHWOOD PKWY, STE 400, ATLANTA, GA 30338	INSURANCE	25,779,337.
PERKINS AND WILL INC, 15057 COLLECTIONS CENTER DR, CHICAGO, IL 60693	CONTRACTORS	14,437,636.
AMN HEALTHCARE INC 2735 COLLECTION CTR DR, CHICAGO, IL 60693	NURSE STAFFING SERVICES	10,422,526.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **166**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	80,799,890.			
	e	Government grants (contributions)	1e	5,913,593.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	36,956,900.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		123,670,383.			
	Program Service Revenue	2 a	NET PATIENT SRV	Business Code 446110	1,159,993,798.	1,155,300,045.	4,693,753.
b		NEUROSURGERY REVENUE	446110	236,971,027.	236,971,027.		
c		CARDIAC REVENUE	446110	108,142,768.	108,142,768.		
d		ONCOLOGY REVENUE	446110	73,955,178.	73,955,178.		
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		1,579,062,771.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		12,635,785.		12,635,785.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real	346952.			
		Less: rental expenses	(ii) Personal				
		c	Rental income or (loss)	346952.			
		d	Net rental income or (loss)		346,952.	-19,706.	366,658.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	1040084000.			
		Less: cost or other basis and sales expenses	(ii) Other	1039860329.			
		c	Gain or (loss)	223671.			
		d	Net gain or (loss)		223,671.		223,671.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	259420.			
		Less: direct expenses	b				
		c	Net income or (loss) from fundraising events		259,420.		259,420.
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
Less: direct expenses		b					
c		Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a	2,707,610.				
	Less: cost of goods sold	b	1,447,748.				
	c	Net income or (loss) from sales of inventory		1,259,862.		1,259,862.	
Miscellaneous Revenue			Business Code				
11 a	MISCELLANEOUS REV.	900099	15,857,481.			15,857,481.	
	CAFETERIA INCOME	900099	195,8819.			1,958,819.	
	VENDING MACHINES	900099	206,187.			206,187.	
	All other revenue	900099	201,760.			201,760.	
	e	Total. Add lines 11a-11d		18,224,247.			
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		1,735,683,091.	1,574,369,018.	4,674,047.	32,969,643.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,631,740.	2,631,740.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,437,835.		4,437,835.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	474273153.	428733561.	45,539,592.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	15,476,024.	13,860,327.	1,615,697.	
9 Other employee benefits	78,414,475.	70,228,004.	8,186,471.	
10 Payroll taxes	38,749,385.	34,703,949.	4,045,436.	
11 Fees for services (non-employees):				
a Management				
b Legal	2,887,331.	2,585,894.	301,437.	
c Accounting	2,333,488.	2,089,872.	243,616.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	863,379.	773,242.	90,137.	
13 Office expenses	347011469.	340186556.	6,824,913.	
14 Information technology				
15 Royalties				
16 Occupancy	2,220,806.	2,008,010.	212,796.	
17 Travel	1,696,260.		1,696,260.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	863,611.	773,450.	90,161.	
20 Interest	11,064,638.	9,909,490.	1,155,148.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	54,684,229.	48,975,195.	5,709,034.	
23 Insurance	27,501,383.	27,316,746.	184,637.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PURCHASED SERVICES JHU	182379157.	164628057.	17,751,100.	
b PURCHASED SERVICES	151849859.	70,577,518.	81,272,341.	
c BAD DEBT	70,114,113.	70,114,113.	0.	
d ORGAN PROCUREMENT	17,737,723.	17,737,723.	0.	
e SWAP INTEREST	15,392,000.	13,852,800.	1,539,200.	
f All other expenses	52,310,295.	44,831,565.	7,478,730.	
25 Total functional expenses. Add lines 1 through 24f	1,554,892,353.	1,366,517,812.	188374541.	0.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	266,297,723.	1	223,192,902.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	76,086,676.	3	58,421,429.
	4	Accounts receivable, net	161,390,728.	4	155,016,699.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	1,227,231.	7	49,370,424.
	8	Inventories for sale or use	34,728,647.	8	37,158,396.
	9	Prepaid expenses and deferred charges	4,267,099.	9	4,518,228.
	10a	Land, buildings, and equipment: cost basis	10a 1,600,019,517.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 588,656,640.	10c	1,011,362,877.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	189,325,829.	12	231,369,508.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	454,542,972.	15	310,472,855.
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,939,160,351.	16	2,080,883,318.	
Liabilities	17	Accounts payable and accrued expenses	175,640,379.	17	197,316,052.
	18	Grants payable	2,262,743.	18	2,464,082.
	19	Deferred revenue	320,400.	19	258,888.
	20	Tax-exempt bond liabilities	686,154,797.	20	683,369,372.
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	193,127,425.	25	360,891,401.
	26	Total liabilities. Add lines 17 through 25	1,057,505,744.	26	1,244,299,795.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	465,599,729.	27	379,877,409.
	28	Temporarily restricted net assets	416,054,878.	28	456,706,114.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	881,654,607.	33	836,583,523.	
34	Total liabilities and net assets/fund balances	1,939,160,351.	34	2,080,883,318.	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits?	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **THE JOHNS HOPKINS HOSPITAL** Employer identification number **52-0591656**

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

THE JOHNS HOPKINS HOSPITAL

52-0591656

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ABBOTT MEDICAL OPTICS 1700 EAST SAINT ANDREW PLACE SANTA ANA, CA 92705	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ALAN BETUS 8828 FINNEY POINT DR OOLTEWAH, TN 37363	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	ANONYMOUS 1101 E. 33RD STREET BALTIMORE, MD 21218	\$ 2,880,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ALLERGAN FOUNDATION 2525 DUPONT DRIVE IRVINE, CA 92612	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	ASSOCIATED BLACK CHARITIES 105 EAST 22ND STREET, SUITE 915 NEW YORK, NY 10010	\$ 113,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	BEARMAN FOUNDATION INC. 23 WALLY COURT LUTHERVILLE, MD 21093	\$ 48,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE JOHNS HOPKINS HOSPITAL

52-0591656

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	BALTIMORE CITY HEAD START DEPARTMENT OF HOUSING AND COMMUNIT 417 E. FAYETTE ST., SUITE 1339 BALTIMORE, MD 21202	\$ 2,592,926.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
8	BALTIMORE CITY PUBLIC SCHOOL SYSTEM 200 EAST NORTH AVE. BALTIMORE, MD 21202	\$ 277,551.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
9	BALTIMORE MENTAL HEALTH SYSTEMS 201 E BALTIMORE ST BALTIMORE, MD 21202	\$ 1,331,891.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
10	BALTIMORE SUBSTANCE ABUSE SYSTEMS 1 NORTH CHARLES ST BALTIMORE, MD 21201	\$ 790,631.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
11	BECKER FAMILY FUND 2 EAST READ STREET BALTIMORE, MD 21202	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
12	BENDANN TRUST 3900 NORTH CHARLES ST BALTIMORE, MD 21218	\$ 61,671.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization

Employer identification number

THE JOHNS HOPKINS HOSPITAL

52-0591656

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	BROCCOLI FOUNDATION 2400 BROADWAY, SUITE 310 SANTA MONICA, CA 90404	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	BRUCE VAN WYK 382 SOUTH HILL DRIVE SHEPHERDSTOWN, WV 25443	\$ 1,250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	BUNTING FAMILY FDTN. 9690 DEERECO ROAD, SUITE 700 TIMONIUM, MD 21093	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	CAMPAGNA FOUNDATION P.O. BOX 14407 ST PETERSBURG, FL 33733	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	CAPLAN CHARITY FOUNDATION 5058 OCEAN DRIVE AVALON, NJ 08202	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	CARMINE PETRONE 14 WARE STREET, APT 43 CAMBRIDGE, MA 02138	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

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THE JOHNS HOPKINS HOSPITAL

52-0591656

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	CATHERINE CORBETT ESTATE 1101 E. 33RD STREET BALTIMORE, MD 21218	\$ 9,592.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	CHERYL WILHIDE 923 LOGTOWN ROAD ELLCOTT CITY, MD 21043	\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	CHESAPEAKE BAY AREA 580 TAYLOR AVENUE ANNAPOLIS, MD 21401	\$ 16,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	CIBC WORLD MARKETS 300 MADISON AVE NEW YORK, NY 10017	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	CLAYTON FUND P.O. BOX 2558 HOUSTON, TX 77252	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	CONIGLIARO FOUNDATION, INC. 10306-A BALTIMORE NATIONAL PIKE ELLCOTT CITY, MD 21042	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

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THE JOHNS HOPKINS HOSPITAL

52-0591656

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	CONSTELLATION ENERGY GR 100 CONSTELLATION WAY, SUITE 1800P BALTIMORE, MD 21202	\$ 210,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 201 WEST PRESTON STREET BALTIMORE, MD 21201	\$ 260,263.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	DEPARTMENT OF LABOR 200 CONSTITUTION AVE, NW WASHINGTON, DC 20210	\$ 400,415.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	DILIAETTE BLADES TRUST 129 N. WASHINGTON STREET EASTON, MD 21601	\$ 101,710.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	DOROTHY HOLLER TRUST 800 SOUTHERLY RD, APT 1114 BALTIMORE, MD 21286	\$ 210,017.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	DRESCHER FOUNDATION 1000 WILSON BLVD, SUITE 700 ARLINGTON, VA 22209	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE JOHNS HOPKINS HOSPITAL

52-0591656

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	ELIAS METEXA 41 NIKIFOROU LYTRA STR P.PSYCHICO, GREECE, G-154 52	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	ELMER V. WILLIAMS ESTATE 4605 BROOKWOOD CT, APT A SUFFOLK, VA 23435	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	EMMERT HOBBS FDN - PNC BANK 409 WASHINGTON AVE, STE 900 TOWSON, MD 21204	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	ESTATE OF GEORGE LINDSKOG 1101 E. 33RD STREET BALTIMORE, MD 21218	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	FINE FOUNDATION 10045 RED RUN BLVD, SUITE 250 OWINGS MILLS, MD 21117	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	FORSYTHE FAMILY FOUNDATION 400 CENTRAL AVENUE, SUITE 206 NORTHFIELD, IL 60093	\$ 2,028,065.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

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THE JOHNS HOPKINS HOSPITAL

52-0591656

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	FRANK FAMILY FOUNDATION FUND 2 EAST READ STREET BALTIMORE, MD 21202	\$ 28,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	FRANK M HOUCK - WELLS FARGO BANK PO BOX 95021 HENDERSON, NV 89009	\$ 930,587.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	GAIL KANDEL 8405 TOPPING RD PIKESVILLE, MD 21208	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	GAP FOUNDATION P.O. BOX 7396 PRINCETON, NJ 08543	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	GLENMEDE TRUST COMPANY 1201 NORTH MARKET STREET, SUITE 1501 WILMINGTON, DE 19801	\$ 6,469.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	GUERRIERI FAMILY FOUNDATION P.O. BOX 680 OCEAN CITY, MD 21843	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE JOHNS HOPKINS HOSPITAL

52-0591656

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43	HACKERMAN PATZ 1909 EAST MCELDERRY ST BALTIMORE, MD 21205	\$ 18,441.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	HOWARD BROWNSTEIN 3 EAST 69TH ST, UNIT 78C NEW YORK, NY 10021	\$ 5,177.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	J AND B ASSOCIATES, INC 601 SOUTH CAROLINE ST BALTIMORE, MD 21231	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	JACK KAY 8720 GEORGIA AVE, SUITE 410 SILVER SPRING, MD 20910	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	JAMES HOLDEN 4 REACHER COURT BALTIMORE, MD 21228	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	JAMES MCDONAGH 704 HAMPTON LANE BALTIMORE, MD 21286	\$ 94,007.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE JOHNS HOPKINS HOSPITAL

52-0591656

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	JOHN PATERAKIS 310 LOCHVIEW TERRACE LUTHERVILLE, MD 21093	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	JOHNS HOPKINS HEALTH SYSTEM CORP 1101 E. 33RD STREET BALTIMORE, MD 21201	\$ 73,725,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	JOHNS HOPKINS HOSPITAL ENDOWMENT FUND 1101 E. 33RD STREET BALTIMORE, MD 21201	\$ 7,074,890.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	JOHNS HOPKINS UNIVERSITY 3400 N CHARLES STREET BALTIMORE, MD 21218	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	KATHY NARDONE 5200 EASTERN AVENUE BALTIMORE, MD 21224	\$ 5,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	KATHRYN CIVISH ESTATE 1301 SOUTHVIEW ROAD BALTIMORE, MD 21218	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization THE JOHNS HOPKINS HOSPITAL	Employer identification number 52-0591656
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55	LANE HOME FOUNDATION INC 20707 SOUTH RUHL RD FREELAND, MD 21053	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56	LEONA S VOLLINTINE 1101 E. 33RD STREET BALTIMORE, MD 21218	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57	LEONARD COHEN 1101 E. 33RD STREET BALTIMORE, MD 21218	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58	LOCKHART VAUGHAN FNDD. 2 EAST READ STREET, SUITE 100 BALTIMORE, MD 21202	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59	LOUIS SARKES 12 CLUB ROAD BALTIMORE, MD 21210	\$ 33,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60	MARCIA DORST 11045 WOOD ELVES WAY COLUMBIA, MD 21044	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE JOHNS HOPKINS HOSPITAL

52-0591656

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61	MARION GALLAGHER TRUST 2 HOPKINS PLAZA BALTIMORE, MD 21201	\$ 162,665.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62	MARYLAND STATE DEPARTMENT OF EDUCATION 200 WEST BALTIMORE STREET BALTIMORE, MD 21201	\$ 146,716.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63	MARY DONNELL TILGHMAN CHARTBL TRUST 26080 BRUFFS ISLAND RD EASTON, MD 21601	\$ 5,230.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64	MATHIAS DEVITO 1102 MALVERN AVE RUXTON, MD 21204	\$ 6,561.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65	MICHAEL F. PRICE FOUNDATION 667 MADISON AVENUE, 25TH FLOOR NEW YORK, NY 10065	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66	MIDOCEAN US ADVISOR LIMITED 320 PARK AVE, 17TH FLOOR NEW YORK, NY 10022	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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THE JOHNS HOPKINS HOSPITAL

52-0591656

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
67	MINDELL CANCER FOUNDATION 5315 WAGON SHED CIRCLE OWINGS MILLS, MD 21117	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68	MOSHER FOUNDATION 1114 STATE ST, SUITE 252 SANTA BARBARA, CA 93102	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69	POLINGER FAMILY FOUNDATION 5530 WISCONSIN AVENUE CHEVY CHASE, MD 20815	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70	RICHARD ALTER 8578 LEISURE HILL DRIVE BALTIMORE, MD 21208	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71	ROBERT BAKER 3 MANHANTTANVILLE RD PURCHASE, NY 10577	\$ 8,351.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72	ROSENWALD FUND 2 EAST READ STREET BALTIMORE, MD 21202	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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52-0591656

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
73	SALLY QUINN 33 GROVE ST WINCHESTER, MA 01890	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74	SODEXHO USA 153 SECOND AVENUE WALTHAM, MA 02451	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75	SPIRE TRUST 1650 MARKET STREET, SUITE 1200 PHILADELPHIA, PA 19103	\$ 16,975.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76	STATE OF MARYLAND OFFICE OF COMPTROLLER ANNAPOLIS, MD 21401	\$ 15,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
77	STUART JANNEY 630 5TH AVENUE, 39TH FLOOR NEW YORK, NY 10111	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
78	SUE MURK 18 LOVETON CIRCLE SPARKS, MD 21152	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization THE JOHNS HOPKINS HOSPITAL	Employer identification number 52-0591656
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
79	TUROCK FAMILY FOUNDATION P.O. BOX 244 CEDAR GROVE, NJ 07009	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
80	WACHOVIA FOUNDATION 301 SOUTH COLLEGE STREET CHARLOTTE, NC 28288	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
81	WILLIAM & NORMA TIEFEL 2330 BANCROFT PLACE NW WASHINGTON, DC 20008	\$ 192,126.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
82	WILLIAM FORRESTER 180 STERNCREST DRIVE CHAGRIN FALLS, OH 44022	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
83	WOMEN'S BOARD 1101 E. 33RD STREET, SUITE E001 BALTIMORE, MD 21218	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
84	COHEN CHARITABLE FOUNDATION 1233 WEST MOUNT ROYAL AVE BALTIMORE, MD 21217	\$ 33,633.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
85	CRAIG HUSTON 2929 EAST COMMERCIAL BLVD FORT LAUDERDALE, FL 33308	\$ 1,135,689.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
86	CUMMINGS FOUNDATION 475 10TH AVENUE, 14TH FLOOR NEW YORK, NY 10018	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
87	ESTATE OF BETTY JANE LYNCH 11509 GREEN VALLEY DRIVE HAGERSTOWN, MD 21740	\$ 55,822.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
88	FELICIA PENNINGTON 85 MANRESA DRIVE, APT 341 ANNAPOLIS, MD 21401	\$ 510,490.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
89	FRANCIS KNOTT 2330 WEST JOPPA ROAD LUTHERVILLE, MD 21093	\$ 24,069.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
90	JOSEPH SNYDER TRUST 7400 MILARDO DRIVE KINGSVILLE, MD 21087	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

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THE JOHNS HOPKINS HOSPITAL

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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
91	KIMMEL CANCER DONATIONS 1101 E. 33RD STREET BALTIMORE, MD 21218	\$ 54,309.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
92	KOPPEL FAMILY CHARITABLE FDN 10701 ARDNAVE PLACE POTOMAC, MD 20854	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
93	LEONARD FRIER 6 STONE GATE CT, APT 206 BALTIMORE, MD 21208	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
94	LINA GERSON TRUST 217 LAKEVIEW AVE EAST WASILLA, AK 99654	\$ 128,441.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
95	M&T CHARITABLE FDN ONE FOUNTAIN PLAZA, 12TH FLOOR BUFFALO, NY 14203	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
96	MCCORMICK AND COMPANY INC 1101 E. 33RD STREET BALTIMORE, MD 21218	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE JOHNS HOPKINS HOSPITAL

52-0591656

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
97	MULLAN FOUNDATION 2330 WEST JOPPA ROAD, STE 210 LUTHERVILLE, MD 21093	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
98	PAULA BROOKS PO BOX 823 SAINT HELENA, CA 94574	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
99	PENTA BUILDING GROUP 181 EASTWARM SPRINGS RD LAS VEGAS, NV 89119	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
100	PERICLES PANAGOPOULOS 157 C. KARAMANLI AVE VOULA, ATHENS, GREECE, 16673	\$ 49,988.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
101	RALPH O'CONNOR 10000 MEMORIAL DR, STE 510 HOUSTON, TX 77024	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
102	ROBERT KOGOD 2929 MASSACHUSETTS AVE NORTH WASHINGTON, DC 20008	\$ 500,105.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE JOHNS HOPKINS HOSPITAL

52-0591656

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
103	ROBERT SMITH 2345 CRYSTAL DRIVE, 11TH FLOOR ARLINGTON, VA 22202	\$ 800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
104	ROBERT WOOD JOHNSON FOUNDATION PO BOX 2316 PRINCETON, NJ 08543	\$ 219,770.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
105	ROSENBERG FOUNDATION ONE NORTH CHARLES ST, 22ND FLOOR BALTIMORE, MD 21201	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
106	SPENCERS FRIENDS FOUNDATION 58 BLONDELL COURT TIMONIUM, MD 21093	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
107	SPIRIT HALLOWEEN SUPERSTORES 6826 BLACK HORSE PIKE EGG HARBOR TOWNSHIP, NJ 08234	\$ 16,674.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
108	STEPHEN WILHIDE 923 LOGTOWN ROAD ELLCOTT CITY, MD 21075	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE JOHNS HOPKINS HOSPITAL

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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
109	US PARK POLICE 1100 OHIO DRIVE, SW WASHINGTON, DC 20242	\$ 20,296.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
110	WEINBERG FOUNDATION 7 PARK CENTER COURT OWINGS MILLS, MD 21117	\$ 6,609.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		5,429,394.		5,429,394.
b Buildings		400964350.	186049960.	214914390.
c Leasehold improvements		4,922,603.	2,973,832.	1,948,771.
d Equipment		539545209.	380904612.	158640597.
e Other		649157961.	18,728,236.	630429725.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,011,362,877.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1735683091.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1554892353.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	180,790,738.
4	Net unrealized gains (losses) on investments	4	-16,529,335.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-209,332,487.
9	Total adjustments (net). Add lines 4-8	9	-225,861,822.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-45,071,084.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,725,399,665.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-16529335.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-16529335.
3	Subtract line 2e from line 1	3	1,741,929,000.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-6,245,909.
c	Add lines 4a and 4b	4c	-6,245,909.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	1,735,683,091.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,540,726,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,540,726,000.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	14,166,353.
c	Add lines 4a and 4b	4c	14,166,353.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	1,554,892,353.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

AUDIT/BOOK ADJUSTMENT: -1468.

MINIMUM PENSION LIABILITY: -166905769.

CHANGE IN MKT VAL. OF SWAP AGREEMENT: -47401264.

CONTRIBUTION RECLASS: 5021266.

NET ASSETS RELEASED: -45252.

Part XIV Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ASSET SALE: 223671.

RECLASS OF COGS: -1447748.

AUDIT/BOOK ADJUSTMENT: -566.

CONTRIBUTION RECLASS: -5021266.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF COGS: -1447748.

ASSET SALE: 223671.

AUDIT/BOOK ADJUSTMENT: -1570.

INTEREST ON SWAP: 15392000.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		BEST DRESS SALE (event type)	GOLF CLASSIC (event type)	1 (total number)	(Add col. (a) through col. (c))	
Revenue	1	Gross receipts	157,000.	94,000.	8,420.	259,420.
	2	Less: Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	157,000.	94,000.	8,420.	259,420.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses				
	8	Direct expense summary. Add lines 4 through 7 in column (d)				()
	9	Net income summary. Combine lines 3 and 8 in column (d)				259,420.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)			

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? _____

b If "No," Explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

b If "Yes," Explain: _____

11 Does the organization operate gaming activities with nonmembers? _____

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____

	Yes	No
9a		
10a		
11		
12		

		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a	%	
b An outside facility	13b	%	
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ▶ _____			
Address ▶ _____			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____ .			
c If "Yes," enter name and address:			
Name ▶ _____			
Address ▶ _____			
16 Gaming manager information:			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			

<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

▶ Attach to Form 990.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization **THE JOHNS HOPKINS HOSPITAL** Employer identification number **52-0591656**

Part I Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

	Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a		
b If "Yes," is it a written policy?		
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. <input type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.		
a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Does the organization's policy provide free or discounted care to the "medically indigent"?		
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?		
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?		
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Does the organization prepare an annual community benefit report?		
b If "Yes," does the organization make it available to the public?		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
7 Charity Care and Certain Other Community Benefits at Cost						
Charity Care and Means-Tested Government Programs						
a Charity care at cost (from Worksheets 1 and 2)						
b Unreimbursed Medicaid (from Worksheet 3, column a)						
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j Total Other Benefits						
k Total (line 7d and 7j)						

Part VI Supplemental Information (Optional for 2008)

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART VI, LINE 6: FOR THE LAST 30 YEARS, MARYLAND HOSPITALS HAVE MET
 THEIR COMMUNITY BENEFIT OBLIGATIONS IN A UNIQUE MANNER THAT BUILDS THE
 COSTS OF UNCOMPENSATED CARE - CHARITY CARE AND PATIENT BAD
 DEBT AND GRADUATE MEDICAL EDUCATION INTO THE RATES THAT HOSPITALS ARE
 REIMBURSED BY ALL PAYORS. THE SYSTEM IS BASED IN FEDERAL AND STATE LAW AND
 BENEFITS ALL MARYLAND RESIDENTS, INCLUDING THOSE IN NEED OF FINANCIAL
 ASSISTANCE TO PAY THEIR HOSPITAL BILLS.

MARYLAND IS THE ONLY STATE IN WHICH ALL PAYORS GOVERNMENTALLY INSURED,
 COMMERCIALY INSURED, OR SELF PAY ARE CHARGED THE SAME PRICE FOR SERVICES
 AT ANY GIVEN HOSPITAL.

UNDER THIS SYSTEM, MARYLAND HOSPITALS ARE REGULATED BY A STATE AGENCY - THE
 HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) THAT IS REQUIRED TO:

1. PUBLICLY DISCLOSE INFORMATION ON THE COST AND FINANCIAL POSITION OF
 HOSPITALS;
2. REVIEW AND APPROVE HOSPITAL RATES;
3. COLLECT INFORMATION DETAILING TRANSACTIONS BETWEEN HOSPITALS AND FIRMS
 WITH WHICH THEIR TRUSTEES HAVE A FINANCIAL INTEREST; AND,
4. MAINTAIN THE SOLVENCY OF EFFICIENT AND EFFECTIVE HOSPITALS.

Part VI Supplemental Information (Optional for 2008)

SINCE 2000, THE RATE SETTING COMMISSION HAS HAD ITS OWN FRAMEWORK FOR REPORTING HOSPITALS COMMUNITY BENEFITS AND ISSUING A REPORT ANNUALLY REGARDING HOSPITALS COMMUNITY BENEFIT TOTALS. THAT REPORT IS AVAILABLE ON [HTTP://WWW.HSCRC.STATE.MD.US/COMMUNITY BENEFITS/DOCUMENTS/CBR FY2007 FINAL REPORT.PDF](http://www.hscrc.state.md.us/community_benefits/documents/cbr_fy2007_final_report.pdf).

BECAUSE OF THIS UNIQUE STRUCTURE MARYLAND HOSPITALS COMMUNITY BENEFITS NUMBERS WILL NOT COMPARE WITH THE REST OF THE NATIONS HOSPITALS. HOWEVER, MARYLAND HOSPITALS MEET OR EXCEED THE COMMUNITY BENEFIT STANDARD ESTABLISHED BY THE IRS IN 1969.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number
52-0591656

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL KIDNEY FOUNDATION OF MD 1107 KENILWORTH DRIVE STE 202 BALTIMORE, MD 21204	52-6069952	501(C)(3)	6,400.	0.			TO SUPPORT HEALTH CARE PUBLIC CHARITY
JOHNS HOPKINS COMMUNITY PHYSICIANS, INC - 1101 EAST 33RD STREET - BALTIMORE, MD 21218	52-1467441	501(C)(3)	2,609,000.	0.			SERVICES TO UNINSURED PATIENTS

2 Enter total number of section 501(c)(3) and government organizations **2.**

3 Enter total number of other organizations **2.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE BOARD OF TRUSTEES HAS DELEGATED THE FACILITATION AND ACCOUNTING FOR ALL GRANT PROGRAMS ADMINISTERED BY JOHNS HOPKINS HOSPITAL TO THE OFFICERS, DIRECTORS, AND KEY EMPLOYEES OF THE ORGANIZATION.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2008

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- Personal services (e.g., maid, chauffeur, chef)

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b		X
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
EDWARD D. MILLER, M.D.	351,886.	115,057.	29,021.	232,268.	1,065.	729,297.	0.
RONALD R. PETERSON	985,122.	466,007.	117,239.	293,471.	64,858.	1,926,697.	0.
RICHARD O. DAVIS, PH.D.	228,729.	65,378.	56,694.	47,978.	23,194.	421,973.	5,643.
KENNETH GRANT	225,558.	71,485.	122,274.	10,810.	24,931.	455,058.	59,515.
DALAL J. HALDEMAN, PH.D.	226,189.	65,930.	48,428.	52,142.	24,148.	416,837.	0.
KAREN B. HALLER, PH.D.	242,970.	53,482.	56,063.	52,078.	23,421.	428,014.	0.
HARRY KOFFENBERGER	129,072.	42,282.	55,346.	65,083.	5,004.	296,787.	0.
SALLY W. MACCONNELL	280,277.	95,251.	18,180.	35,361.	16,177.	445,246.	0.
PAMELA D. PAULK	302,430.	94,882.	53,284.	71,179.	17,220.	538,995.	0.
JOANNE E. POLLAK	406,216.	157,056.	87,912.	81,676.	31,304.	764,164.	0.
JUDY A. REITZ, SC.D.	411,425.	170,170.	59,757.	76,104.	26,615.	744,071.	0.
G. DANIEL SHEALER, JR.	253,063.	77,651.	29,552.	48,944.	26,284.	435,494.	0.
RONALD J. WERTHMAN	452,194.	136,135.	106,868.	104,379.	31,369.	830,945.	0.
SAMUEL H. CLARK, JR.	177,931.	41,021.	45,044.	40,987.	15,433.	320,416.	4,263.
STUART ERDMAN	215,331.	37,397.	50,496.	55,173.	20,688.	379,085.	4,287.
EDWARD B. CHAMBERS	189,464.	16,998.	46,374.	16,170.	23,323.	292,329.	0.
	0.	0.	0.	0.	0.	0.	0.

Part II Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 1A: OFFICERS AND CERTAIN KEY EMPLOYEES OF THE JOHNS HOPKINS HOSPITAL WERE PROVIDED A GROSS UP ON THEIR DEPENDENT TUITION AMOUNTS. THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS APPROVED ALL GROSS UPS. PROPER BUSINESS DOCUMENTATION WAS PROVIDED AND THE GROSS UP WAS TREATED AS TAXABLE COMPENSATION TO THE EMPLOYEE.

PART I, LINE 1B: AN INTERNAL POLICY IS USED TO AWARD OFFICERS AND KEY EMPLOYEES GROSS UP PAYMENTS ON DEPENDENT TUITION.

PART I, LINE 4B: MAKE WHOLE PLAN & SERP I PLAN: THE MAKE WHOLE AND SERP I PLANS ARE FROZEN, NON-TAX QUALIFIED DEFINED BENEFIT PLANS. PARTICIPATION IN THE PLANS IS LIMITED TO THE EXISTING PLAN PARTICIPANTS. THE BENEFITS UNDER THE PLANS ARE BASED UPON THE PARTICIPANT'S LENGTH OF SERVICE AND COMPENSATION. THE MAKE WHOLE PLAN WAS DESIGNED TO REPLACE THE BENEFITS THE PARTICIPANTS LOST DUE TO THE COMPENSATION LIMITS IMPOSED BY LAW UPON OUR QUALIFIED DEFINED BENEFIT PLAN. IN THE MANNER REQUIRED BY APPLICABLE IRS RULES, THE DESIGN OF EACH OF THESE ARRANGEMENTS WAS APPROVED AS REASONABLE, IN ADVANCE, BY AN INDEPENDENT COMPENSATION COMMITTEE, WHICH BASED ITS DECISION ON DATA PROVIDED BY AN

Part II Supplemental information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

INDEPENDENT COMPENSATION CONSULTANT. PARTICIPANTS' INTERESTS UNDER THESE ARRANGEMENTS ARE NOT GUARANTEED OR SECURED AT ANY WAY AND AT ALL TIMES ARE SUBJECT TO CLAIMS OF EMPLOYER'S BANKRUPTCY/INSOLVENCY CREDITORS. FURTHERMORE, IF A PARTICIPANT VOLUNTARILY TERMINATES EMPLOYMENT OR IS TERMINATED BY THE EMPLOYER FOR CAUSE PRIOR TO THE APPLICABLE VESTING DATE UNDER THE MAKE WHOLE PLAN, THE PARTICIPANT'S ENTIRE MAKE WHOLE PLAN BENEFIT IS FORFEITED. IF A PARTICIPANT TERMINATES EMPLOYMENT FOR ANY REASON PRIOR TO THE APPLICABLE VESTING DATE UNDER THE SERP I, THE PARTICIPANT'S ENTIRE SERP I BENEFIT IS FORFEITED. IN ADDITION, UNDER CURRENT LAW, INTERESTS UNDER THESE ARRANGEMENTS ARE REPORTABLE AS TAXABLE COMPENSATION WHEN THEY BECOME VESTED, EVEN IF THOSE AMOUNTS ARE NOT YET PAYABLE TO THE PARTICIPANT (AND EVEN IF THOSE AMOUNTS ARE NEVER PAID TO THE PARTICIPANT). NO ROLLOVER OR OTHER TAX-DEFERRAL OPTIONS ARE AVAILABLE TO PARTICIPANTS. NOTE THAT ANY MAKE WHOLE PLAN OR SERP I VESTED AMOUNT OR PAYMENT BEING REPORTED AS COMPENSATION WAS ALSO REPORTED IN PREVIOUS YEAR(S) WHEN THAT INTEREST ACCRUED UNDER THE PLAN.

SERP II PLAN & SRP PLAN:

THE SERP II AND SRP PLANS ARE ACTIVE; NON-TAX QUALIFIED DEFINED

THE JOHNS HOPKINS HOSPITAL

Part II Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

CONTRIBUTION TARGET BENEFIT PLANS. THE PLANS ARE DESIGNED TO ACHIEVE A REASONABLE TARGETED RETIREMENT BENEFIT LEVEL FOR EACH PARTICIPANT (IN COMBINATION WITH THE OTHER RETIREMENT PROGRAMS OF THE EMPLOYER) BASED UPON CERTAIN CRITERIA, SUCH AS EACH PARTICIPANT'S LENGTH OF SERVICE AND COMPENSATION. IN THE MANNER REQUIRED BY APPLICABLE IRS RULES, THE DESIGN OF EACH OF THESE ARRANGEMENTS WAS APPROVED AS REASONABLE, IN ADVANCE, BY AN INDEPENDENT COMPENSATION COMMITTEE, WHICH BASED ITS DECISION ON DATA PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT. PARTICIPANTS' INTERESTS UNDER THESE ARRANGEMENTS ARE NOT GUARANTEED OR SECURED AT ANY WAY AND AT ALL TIMES ARE SUBJECT TO CLAIMS OF EMPLOYER'S BANKRUPTCY/INSOLVENCY CREDITORS. IF A PARTICIPANT VOLUNTARILY TERMINATES EMPLOYMENT OR IS TERMINATED BY THE EMPLOYER FOR CAUSE PRIOR TO THE APPLICABLE VESTING DATE UNDER EACH ARRANGEMENT, THE PARTICIPANT'S ACCOUNT IS FORFEITED. IN ADDITION, UNDER CURRENT LAW, INTERESTS UNDER THESE ARRANGEMENTS ARE REPORTABLE AS TAXABLE COMPENSATION WHEN THEY BECOME VESTED, EVEN IF THOSE AMOUNTS ARE NOT YET PAYABLE TO THE PARTICIPANT (AND EVEN IF THOSE AMOUNTS ARE NEVER PAID TO THE PARTICIPANT). NO ROLLOVER OR OTHER TAX-DEFERRAL OPTIONS ARE AVAILABLE TO PARTICIPANTS. NOTE THAT ANY SERP II OR SRP PLAN VESTED AMOUNT OR PAYMENT BEING REPORTED AS COMPENSATION WAS ALSO REPORTED

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

IN PREVIOUS YEAR(S) WHEN THAT INTEREST ACCRUED UNDER THE PLAN.

THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A

PARTICIPATED IN A NONQUALIFIED RETIREMENT PLAN AND RECEIVED ACCRUED

DEFERRED COMPENSATION THAT IS REPORTED ON SCHEDULE J, PART II, COLUMN (C):

DANIEL ASHBY \$445; KAREN HALLER \$41,268; WALKER WYLIE \$39,344; JAHANSHA

BEHZAD \$5,488; EDWARD CHAMBERS \$5,360; RENEE DEMSKI \$1,677; HOWARD GWON

\$6,788; JANE HILL \$2,343; CHRISTINA LUNDQUIST \$8,168; ROBERT SCHEU \$25,236;

JAMES SCHEULEN \$5,020; JOHN TIKKA \$3,656; ELIZABETH AMBINDER \$0.00; MARTIN

BLEDSOE \$0.00; KAREN DAVIS \$0.00; CECELIA DIGIACOMO \$0.00; JAMES HEDEMAN

\$0.00; SHARON KRUMM \$0.00; TERRY LANGBAUM \$0.00; STEVEN MANDELL \$0.00 AND

RICHARD THOMAS \$0.00.

THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A

PARTICIPATED IN A NON QUALIFIED RETIREMENT PLAN AND RECEIVED PAYMENT FROM

THE PLAN, IT IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III) AS WELL AS

SCHEDULE J, PART II, COLUMN (F) IF THEY WERE REQUIRED TO BE DISCLOSED ON

PRIOR YEARS FORMS 990:

DIANN SNYDER \$33,830; JOHN HUNDT \$20,244 AND DANIEL ASHBY \$1,780.

THE JOHNS HOPKINS HOSPITAL

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 7: BONUSES: THE BONUSES ARE ISSUED ON A WEIGHTED FORMULA BASED ON THE ATTAINMENT OF QUANTIFIABLE ORGANIZATION OBJECTIVES SET BY THE TRUSTEE COMPENSATION COMMITTEE EACH YEAR. THEY ARE REVIEWED BY MANAGEMENT THAT USES DISCRETION TO DETERMINE PAYMENT.

DEPENDENT TUITION REIMBURSEMENT: THE DEPENDENT TUITION REIMBURSEMENT PROGRAM REIMBURSES EMPLOYEES FOR 50% LESS TAXES OF EACH DEPENDENT CHILD'S FULL TIME UNDERGRADUATION TUITION AND MANDATORY ACADEMIC FEES, UP TO A MAXIMUM OF 50% OF THE JOHNS HOPKINS UNIVERSITY'S FRESHMAN UNDERGRADUATE TUITION FOR EACH ELIGIBLE DEPENDENT. EMPLOYEES WHO HAVE A MINIMUM OF TWO YEARS OF CONTINUOUS SERVICE ARE ELIGIBLE. THE DEPENDENT MUST BE ENROLLED FULL TIME AT AN APPROVED, ACCREDITED COLLEGE OR UNIVERSITY AND IN GOOD ACADEMIC STANDING. PAYMENT IS LIMITED TO FOUR YEARS OF FULL TIME, UNDERGRADUATE STUDY PER DEPENDENT CHILD.

TUITION REIMBURSEMENT: TUITION REIMBURSEMENT IS AVAILABLE TO EMPLOYEES THAT WORK 20 HOURS OR MORE A WEEK FOR UP TO A MAXIMUM BENEFIT OF \$10,000 PER ACADEMIC YEAR. TO RECEIVE REIMBURSEMENT, ELIGIBLE EMPLOYEES MUST

Part II Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PURSU A COURSE OF STUDY AT AN ACCREDITED UNIVERSITY OR COLLEGE THAT LEADS TO A LICENSURE, DEGREE, OR MEETS THE NECESSITY RELATED TO CURRENT POSITION OR ANOTHER POSITION WITHIN THE ORGANIZATION.

Multiple horizontal lines for supplemental information.

SCHEDULE J-1
 (Form 990)

 Department of the Treasury
 Internal Revenue Service

 Continuation Sheet for Schedule J (Form 990)
 Attach to Form 990 to list additional information
 regarding compensation.

2008

 Open to Public
 Inspection

 Name of the organization
THE JOHNS HOPKINS HOSPITAL

 Employer identification number
52-0591656

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ROBERT SCHEU	200,285.	28,081.	18,283.	36,046.	19,232.	301,927.	0.
	0.	0.	0.	0.	0.	0.	0.
JOHN HUNDT	191,433.	20,315.	32,991.	10,645.	9,452.	264,836.	20,244.
	0.	0.	0.	0.	0.	0.	0.
STEVEN MANDELL	156,964.	26,000.	46,011.	10,728.	22,714.	262,417.	0.
	0.	0.	0.	0.	0.	0.	0.
JAMES SCHEULEN	160,417.	28,777.	38,750.	15,830.	20,097.	263,871.	0.
	0.	0.	0.	0.	0.	0.	0.
JANE HILL	137,331.	19,687.	66,023.	13,024.	18,869.	254,934.	0.
	0.	0.	0.	0.	0.	0.	0.
RENEE DEMSKI	172,741.	24,290.	15,862.	11,586.	19,154.	243,633.	0.
	0.	0.	0.	0.	0.	0.	0.
CECELIA DIGIACOMO	183,969.	26,320.	1,766.	9,996.	7,172.	229,223.	0.
	0.	0.	0.	0.	0.	0.	0.
TERRY LANGBAUM	152,591.	22,823.	33,503.	9,980.	18,091.	236,988.	0.
	0.	0.	0.	0.	0.	0.	0.
LOUIS CROCETTI, III	178,226.	10,000.	19,915.	9,054.	18,170.	235,365.	0.
	0.	0.	0.	0.	0.	0.	0.
DIANN SNYDER	110,791.	15,163.	72,488.	7,982.	18,553.	224,977.	0.
	0.	0.	0.	0.	0.	0.	0.
DANIEL ASHBY	149,357.	22,335.	23,795.	9,752.	18,961.	224,200.	0.
	0.	0.	0.	0.	0.	0.	0.
RICHARD THOMAS	150,234.	18,723.	21,679.	9,203.	19,474.	219,313.	0.
	0.	0.	0.	0.	0.	0.	0.
KAREN DAVIS	112,930.	14,894.	54,511.	7,716.	20,377.	210,428.	0.
	0.	0.	0.	0.	0.	0.	0.
MARTIN BLEEDSOE	140,785.	17,971.	21,083.	8,649.	18,006.	206,494.	0.
	0.	0.	0.	0.	0.	0.	0.
JAMES HEDEMAN	128,188.	21,619.	27,026.	8,455.	15,303.	200,591.	0.
	0.	0.	0.	0.	0.	0.	0.
HOWARD GWON	137,497.	21,115.	17,727.	15,264.	17,280.	208,883.	0.
	0.	0.	0.	0.	0.	0.	0.
SHARON KRUMM	123,439.	18,591.	32,319.	8,247.	8,551.	191,147.	0.
	0.	0.	0.	0.	0.	0.	0.

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

THE JOHNS HOPKINS HOSPITAL

Employer Identification number
52-0591656

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RONALD J. WERTHMAN V.P. FINANCE & TREASURER	1.00			X			0.	695,197.	135,748.	
SAMUEL H. CLARK, JR. ASSISTANT SECRETARY	1.00			X			0.	263,996.	56,420.	
STUART ERDMAN ASSISTANT TREASURER	1.00			X			0.	303,224.	75,861.	
EDWARD B. CHAMBERS ADMINISTRATOR PEDIATRICS	40.00				X		252,836.	0.	39,493.	
ROBERT SCHEU DIRECTOR, PERIOPERATIVE	40.00				X		246,649.	0.	55,278.	
JOHN HUNDT ADMINISTRATOR SURGERY	40.00				X		244,739.	0.	20,097.	
STEVEN MANDELL SR DIRECTOR INFO SVCS	40.00				X		228,975.	0.	33,442.	
JAMES SCHEULEN ADMINISTRATOR	40.00				X		227,944.	0.	35,927.	
JANE HILL ADMINISTRATOR NEURO	40.00				X		223,041.	0.	31,893.	
RENEE DEMSKI SR DIRECTOR OF QUALITY	40.00				X		212,893.	0.	30,740.	
CECELIA DIGIACOMO SR DIRECTOR INFO SVCS	40.00				X		212,055.	0.	17,168.	
TERRY LANGBAUM ADMIN. COMPREHENSIVE CAN	40.00				X		208,917.	0.	28,071.	
LOUIS CROCETTI, III CLINICAL PHARMACIST	40.00				X		208,141.	0.	27,224.	
DIANN SNYDER DIRECTOR OF NURSING	40.00				X		198,442.	0.	26,535.	
DANIEL ASHBY SR DIRECTOR PHARMACY	40.00				X		195,487.	0.	28,713.	
RICHARD THOMAS ADMINISTRATOR	40.00				X		190,636.	0.	28,677.	
KAREN DAVIS DIRECTOR OF NURSING	40.00				X		182,335.	0.	28,093.	
MARTIN BLEDSOE ADMINISTRATOR	40.00				X		179,839.	0.	26,655.	
JAMES HEDEMAN SR. DIRECTOR INFO SVCS	40.00				X		176,833.	0.	23,758.	
HOWARD GWON ADMINISTRATOR	40.00				X		176,339.	0.	32,544.	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE K (Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds
Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

Name of the organization: **THE JOHNS HOPKINS HOSPITAL**
Employer identification number: **52-0591656**

Part I Bond Issues (Required for 2008) SEE SCHEDULE O FOR COLUMN (F) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
MARYLAND HEALTH AND A HIGHER EDUCATIONAL FACIL	52-093609157421U5AA	02/09/04	75,165,000	REFUND PRIOR ISSUE		X			X
MARYLAND HEALTH AND B HIGHER EDUCATIONAL FACIL	52-093609157421V3AA	02/09/04	101,990,000	REFUND PRIOR ISSUE		X			X
MARYLAND HEALTH AND C HIGHER EDUCATIONAL FACIL	52-093609157421XAA6	03/01/04	60,000,000	REFUND PRIOR ISSUE		X			X
MARYLAND HEALTH AND D HIGHER EDUCATIONAL FACIL	52-093609157422AC96	11/13/07	40,000,000	FUNDING FOR BUILDINGS AND EQUIP		X			X
MARYLAND HEALTH AND E HIGHER EDUCATIONAL FACIL	52-093609157422B7M9	04/02/08	168,650,000	REFUND PRIOR ISSUE		X			X

Part II Proceeds (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total proceeds of issue										
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

SCHEDULE K (Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds
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Name of the organization
THE JOHNS HOPKINS HOSPITAL
Employer identification number
52-0591656

Part I Bond Issues (Required for 2008) SEE SCHEDULE O FOR COLUMN (F) CONTINUATIONS

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
							Yes	No	Yes	No
A	MARYLAND HEALTH AND A HIGHER EDUCATIONAL FACIL	52-0936091574217X83	06/26/08	150,002,476.	FUNDING FOR BUILDINGS		X			X
B										
C										
D										
E										

Part II Proceeds (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total proceeds of issue										
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

SCHEDULE O
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OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number
52-0591656

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NATIONAL ORIGIN, HANDICAP, AGE, OR ABILITY TO PAY. IN KEEPING WITH THE HOSPITAL'S COMMITMENT TO SERVE ALL MEMBERS OF ITS COMMUNITY, FREE CARE AND/OR SUBSIDIZED CARE, CARE PROVIDED TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST, AND HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITY MEMBERS WILL BE CONSIDERED WHERE THE NEED AND/OR AN INDIVIDUAL'S INABILITY TO PAY COEXISTS.

THE JOHNS HOPKINS HOSPITAL PROVIDES CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST. RECOGNIZING ITS MISSION TO THE COMMUNITY, SERVICES ARE PROVIDED TO BOTH MEDICARE AND MEDICAID PATIENTS. TO THE EXTENT REIMBURSEMENT IS BELOW COST, THE JOHNS HOPKINS HOSPITAL RECOGNIZES THESE AMOUNTS AS CHARITY CARE IN MEETING ITS MISSION TO THE ENTIRE COMMUNITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROVIDED TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST, AND HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITY MEMBERS WILL BE CONSIDERED WHERE THE NEED AND/OR AN INDIVIDUAL'S INABILITY TO PAY COEXISTS.

THE JOHNS HOPKINS HOSPITAL PROVIDES CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST. RECOGNIZING ITS MISSION TO THE COMMUNITY, SERVICES ARE PROVIDED TO BOTH MEDICARE AND MEDICAID PATIENTS. TO THE EXTENT REIMBURSEMENT IS BELOW COST, THE JOHNS HOPKINS HOSPITAL RECOGNIZES THESE AMOUNTS AS CHARITY CARE IN MEETING ITS

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(Form 990)

Department of the Treasury
Internal Revenue Service

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THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

MISSION TO THE ENTIRE COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

COUNTRY.

OUR PHYSICIANS ARE ABLE TO BRING NEW AND EXCEPTIONAL TREATMENTS TO OUR ADULT AND PEDIATRIC PATIENTS FASTER BECAUSE OF OUR TIGHT NETWORK OF EXPERTS WHO SPECIALIZE IN CONDITIONS SUCH AS BRAIN TUMOR, CEREBROVASCULAR DISEASE, SPINAL DEFORMITY, TUMORS AND REPAIR AND TRAUMA.

WE OPERATE SEVERAL NEUROLOGICAL CENTERS OF CARE AT JOHNS HOPKINS HOSPITAL INCLUDING THE EPILEPSY CENTER AT JOHNS HOPKINS WHICH EVALUATES AND CARES FOR PATIENTS WITH SEIZURE DISORDERS FROM INFANTS THROUGH THE ELDERLY. A UNIQUE ASPECT OF OUR EPILEPSY CENTER IS THAT WE PROVIDE A

CONTINUUM OF CARE FOR OUR PATIENTS ACROSS THE AGE SPECTRUM. OUR COMPREHENSIVE BRAIN TUMOR CENTER IS ONE OF THE LARGEST BRAIN TUMOR TREATMENT AND RESEARCH CENTERS IN THE WORLD. WE TREAT AN EXTREMELY LARGE NUMBER OF PATIENTS AFFECTED BY ALL TYPES OF BRAIN TUMORS. WE

TAILOR THE BEST AND MOST ADVANCED THERAPIES THAT EACH UNIQUE TUMOR DEMANDS. OUR TEAM CONSISTS OF SKILLED SURGEONS AND NEUROLOGISTS THAT CAN PROVIDE THE MOST EFFECTIVE AND SAFEST TREATMENT - EVEN ON THE MOST CHALLENGING TYPES OF TUMORS. PATIENTS COME TO JOHNS HOPKINS FOR

NEUROLOGICAL CARE FROM THE LOCAL BALTIMORE COMMUNITY AND THE MID-ATLANTIC REGION AS WELL AS FROM AROUND THE NATION AND THE WORLD TO RECEIVE THE MOST CUTTING-EDGE CARE, AND FIND THAT WE ARE A PLACE OF HOPE AND CARE.

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THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

IN FISCAL-YEAR 2009, WE PROVIDED NEUROSCIENCE CARE TO 8,029 ADULT AND 2,886 PEDIATRIC OUTPATIENTS IN THE JOHNS HOPKINS OUTPATIENT CENTER. IN OUR HOSPITAL, WE ALSO PROVIDED CARE TO 2,421 ADULT AND 553 PEDIATRIC INPATIENTS WITH NEUROSURGICAL DISEASES.

DURING FISCAL YEAR 2009, JOHNS HOPKINS SPINE SURGEONS PUBLISHED RESULTS OF A NEW SURGICAL TECHNIQUE CALLED ENDOSCOPIC TRANSCERVICAL ODONTOIDECTOMY. HOPKINS NEUROSCIENCE SPECIALISTS DEVELOPED THE PROCEDURE TO TREAT A CONDITION KNOWN AS BASILAR INVAGINATION, WHICH COMPRESSES THE BRAINSTEM AND CERVICAL SPINAL CORD. LEFT UNTREATED, PATIENTS BECOME WHEELCHAIR BOUND AND EVENTUALLY DIE. TRADITIONAL SURGICAL PROCEDURES HAVE BEEN LINKED TO COMPLICATIONS CAUSED BY CEREBRAL SPINAL FLUID LEAKAGE THAT CAN LEAD TO POSTOPERATIVE MENINGITIS. THE NEW SURGICAL APPROACH AVOIDS SUCH COMPLICATIONS VIA A TUBULAR RETRACTOR AND ENDOSCOPIC SYSTEM, SPECIALLY DESIGNED INSTRUMENTS AND GUIDED STEREOTACTIC NAVIGATION. IT'S A TECHNIQUE CONSIDERED SAFE AND EFFECTIVE NOW FOR BRAINSTEM AND SPINAL CORD DECOMPRESSION AND RESECTION OF THE ODONTOID, AND A USEFUL ADDITION TO TREATMENTS FOR DISORDERS INVOLVING THE CRANIOCERVICAL JUNCTION.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS PROCEDURES WERE PERFORMED AT THE JOHNS HOPKINS HOSPITAL. OUR LARGE VOLUME, CONSISTING OF MANY COMPLEX AND COMPLICATED PROCEDURES IN ALL AREAS, INCLUDING PEDIATRIC AND AORTIC CARDIAC PROCEDURES, ASSURES PATIENTS THAT THEY ARE RECEIVING THE BEST CARE POSSIBLE FROM SOME OF THE MOST EXPERIENCED AND EXPERTLY SKILLED SURGEONS IN THE WORLD. THE

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Inspection

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THE JOHNS HOPKINS HOSPITAL

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SURGEONS OF THE JOHNS HOPKINS HEART AND VASCULAR INSTITUTE SPECIALIZE IN CORONARY ARTERY BYPASS SURGERY, VALVE REPLACEMENT, COGENITAL CARDIAC SURGERY AND MINIMALLY-INVASIVE CARDIAC SURGERY.

IN ADDITION TO OFFERING GROUND-BREAKING TECHNOLOGY, OUR SURGICAL PROGRAM PROVIDES PATIENTS WITH THE ADVANTAGE OF AN ON-SITE MULTI-DISCIPLINARY TEAM OF CARDIOLOGISTS, ELECTROPHYSIOLOGISTS, INTERVENTIONAL RADIOLOGISTS, VASCULAR SURGEONS, ADVANCED PRACTICE NURSES, NURSE PRACTITIONERS, DIETITIANS, PHYSICAL THERAPISTS, AND SOCIAL WORKERS. THIS TEAM OFTEN EXPANDS TO INCLUDE IMMEDIATE CARE FROM ON-SITE PHYSICIANS FROM EVERY MEDICAL SPECIALTY REQUIRED. OUR MULTI-DISCIPLINARY APPROACH AND EXPERTISE HAS GAINED US THE REPUTATION OF BEING THE BEST-PREPARED SURGICAL PRACTICE TO HANDLE PROCEDURES THAT MAY BE COMPLEX AND/OR COMPLICATED BY UNDERLYING ILLNESS OR AGE.

THE JOHNS HOPKINS HOSPITAL HAS BEEN RANKED #1 IN THE 2009 U. S. NEWS & WORLD REPORT RANKINGS OF AMERICAN HOSPITALS. OUR CARDIOVASCULAR PROGRAM HAS BEEN RANKED #3 IN THE COUNTRY AND WILL CONTINUE TO STRIVE TO PROVIDE THE BEST PATIENT CARE AND MOST INNOVATIVE TREATMENT OPTIONS TO OUR PATIENTS AND THEIR FAMILIES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS INCLUDING BONE MARROW TRANSPLANTATION AND NEW DRUG DEVELOPMENT.

DURING FISCAL-YEAR 2009, 3,028 INPATIENTS WERE TREATED AT THE SIDNEY KIMMEL COMPREHENSIVE CANCER CENTER AND THERE WERE 69,747 OUTPATIENT

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Name of the organization

THE JOHNS HOPKINS HOSPITAL

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VISITS MADE TO THE JOHNS HOPKINS HOSPITAL BY ONCOLOGY PATIENTS. PATIENTS WHO VISIT THE KIMMEL CANCER CENTER HAVE ACCESS TO SOME OF THE MOST INNOVATIVE AND ADVANCED THERAPIES IN THE WORLD. BECAUSE KIMMEL CANCER CENTER RESEARCH SCIENTISTS AND CLINICIANS WORK CLOSELY TOGETHER, NEW DRUGS AND TREATMENTS DEVELOPED IN THE LABORATORY ARE QUICKLY TRANSFERRED TO THE CLINICAL SETTING, OFFERING PATIENTS CONSTANTLY IMPROVED THERAPEUTIC OPTIONS.

THE KIMMEL CANCER CENTER'S BONE MARROW TRANSPLANT PROGRAM (BMT), HAS BEEN AN INTERNATIONALLY RENOWNED PROGRAM IN THE AREA OF BLOOD AND MARROW TRANSPLANTATION FOR MORE THAN 30 YEARS. IN THAT TIME, BMT HAS BECOME AN ACCEPTED, CURATIVE THERAPY FOR A BROAD RANGE OF DISEASES, INCLUDING MALIGNANT DISEASES THAT INVOLVE THE BONE MARROW SUCH AS LEUKEMIAS AND LYMPHOMAS, NONMALIGNANT DISEASES THAT INVOLVE THE BONE MARROW SUCH AS APLASTIC ANEMIA AND A VARIETY OF INHERITED DISEASES. TO DATE, MORE THAN 3,000 BONE MARROW TRANSPLANTS HAVE BEEN PERFORMED AT JOHNS HOPKINS, A NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER THAT IS FULLY ACCREDITED BY THE NATIONAL MARROW DONOR PROGRAM AS AN UNRELATED DONOR TRANSPLANT CENTER.

PATIENTS AND FAMILIES, WHO COPE WITH CANCER, FACE MANY CHALLENGES. WE BELIEVE THAT THE MORE OUR PATIENTS KNOW ABOUT THEIR CANCER AND ITS TREATMENT, THE MORE EQUIPPED THEY ARE TO ACTIVELY PARTICIPATE IN THEIR CARE. SO, WE HAVE CREATED MANY SERVICES AND PROGRAMS TO HELP OUR PATIENTS DURING THIS TIME. THE HARRY J. DUFFEY FAMILY PATIENT AND FAMILY SERVICES PROGRAM AT THE SIDNEY KIMMEL COMPREHENSIVE CANCER

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THE JOHNS HOPKINS HOSPITAL

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CENTER AT JOHNS HOPKINS PROVIDES PROFESSIONAL COUNSELING TO OUR PATIENTS, FAMILIES AND CARE-GIVERS WITH PSYCHOLOGICAL, EMOTIONAL, AND SPIRITUAL NEEDS. THE CANCER COUNSELING CENTER PROVIDES COUNSELING SERVICES THAT ASSIST CANCER PATIENTS AND FAMILY MEMBERS STRUGGLING WITH THE STRESS OF A CANCER DIAGNOSIS AND TREATMENTS. EXPERIENCED STAFF PROVIDES EMOTIONAL SUPPORT WHILE HELPING PATIENTS AND FAMILY MEMBERS PROBLEM SOLVE ISSUES OF CONCERN, WHETHER THE ISSUE IS A NEW DIAGNOSIS, RELAPSE OR END OF LIFE CARE.

FORM 990, PART VI, SECTION A, LINE 7A: JOHNS HOPKINS HEALTH SYSTEM CORPORATION, A IRC 501(C)(3) TAX EXEMPT PARENT ORGANIZATION OF THE JOHNS HOPKINS HOSPITAL ELECTS THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7B: THE GOVERNING BODY OF THE JOHNS HOPKINS HOSPITAL IS EMPOWERED BY ITS BY-LAWS TO MAKE CERTAIN DECISIONS; ALL OTHER DECISIONS ARE SUBJECT TO APPROVAL OF THE PARENT ORGANIZATION JOHNS HOPKINS HEALTH SYSTEM CORPORATION.

FORM 990, PART VI, SECTION A, LINE 10: A SECURED WEBSITE PROVIDES ACCESS TO THE COPY OF THE FORM 990 TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS A PART OF THE ANNUAL FINANCIAL AUDIT CONFIRMATION PROCESS PROVIDED ONLINE. ALL OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO COMPLY ON AN ANNUAL BASIS.

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FORM 990, PART VI, SECTION B, LINE 15: EVERY THREE YEARS AN INDEPENDENT STUDY IS CONDUCTED GATHERING INDUSTRY COMPENSATION AVERAGES FROM SELECT PEER INSTITUTIONS. EVERY YEAR THE JOHNS HOPKINS BOARD OF TRUSTEES COMPENSATION COMMITTEE REVIEWS COMPENSATION AMOUNTS FOR OFFICERS AND ALL EMPLOYEES AT THE DIRECTOR AND HIGHER LEVELS.

FORM 990, PART VI, SECTION C, LINE 19: INTERNAL POLICIES, INCLUDING CONFLICT OF INTEREST POLICY, ARE PROVIDED TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE. FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST, THE GOVERNING DOCUMENTS HAVE BEEN MADE AVAILABLE IN THE PUBLIC FILING WITH THE STATE OF MARYLAND AND THE INTERNAL REVENUE SERVICE.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

FUNDING FOR BUILDINGS AND EQUIPMENT

SCHEDULE J, PART II, COLUMN (F)

COMPENSATION REPORTED IN PRIOR FORM 990

ALL DEFERRED COMPENSATION FROM NONQUALIFIED RETIREMENT PLANS FOR OFFICERS, TRUSTEES AND HIGHEST PAID EMPLOYEES HAVE BEEN REPORTED ON PREVIOUS YEARS FORMS 990 AS REQUIRED. OFFICERS, TRUSTEES, KEY AND HIGHEST PAID EMPLOYEES THAT HAVE RECEIVED A CURRENT PAYMENT FROM A NONQUALIFIED PLAN AND REPORT ZERO IN COLUMN (F) WERE NEVER REQUIRED TO

SCHEDULE O
(Form 990)

Department of the Treasury
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BE REPORTED ON PRIOR YEARS FORMS 990 BECAUSE THEY DID NOT PREVIOUSLY MEET THE CRITERIA FOR COMPENSATION DISCLOSURE ON THE FORM 990.

FORM 5471, SCHEDULE O, PART II, SECTION B

SCHEDULE O, PART II, SECTION B—U.S. PERSONS WHO ARE OFFICERS OR DIRECTORS OF THE FOREIGN CORP.

NAME & ADDRESS	SOCIAL SECURITY	OFFICER	DIRECTOR
----------------	-----------------	---------	----------

1. MICHAEL C. GOONAN	*		X
----------------------	---	--	---

*

2. STEVEN M. COHEN	*		X
--------------------	---	--	---

*

3. PHYLLIS R.F. LANTOS	*	X	X
------------------------	---	---	---

*

4. JAMES M. STATEN	*	X	X
--------------------	---	---	---

*

5. CHRISTOPHER D. SMITH	*	X	
-------------------------	---	---	--

*

SCHEDULE O
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Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Name of the organization

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6. ABRAHAM P. CHEIJ, JR.

*

X

*

7. RONALD J. WERTHMAN

*

X

X

*

8. CHARLES G. COLLIS

*

X

X

*

9. FREDERICK SAVAGE

*

X

X

*

10. PETER R. CHESTERTON, ESQ.

*

X

*

11. MARK LARMORE

*

X

*

12. RICHARD U. LEVINE, MD

*

X

*

13. CHRISTOPHER GARROD

*

X

*

14. J. WILLIAM NEWTON

*

X

*

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15. DAVID J. LEFFELL

*

X

*

16. MARTIN F. DOYLE

*

X

*

17. JOHN SKELLY

*

X

*

18. DOUGLAS W. PHILLIPS

*

X

*

* - DETAIL AVAILABLE UPON REQUEST

FORM 5471 - REGS SEC. 1.6046-1(B)(11)

STATEMENT REQUIRED PURSUANT TO REGULATIONS SECTION 1.6046-1(B)(11)

PURSUANT TO REGULATIONS SECTION 1.6046-1(B)(11), THE MEDICAL CENTRE
INSURANCE COMPANY, LTD. HAD THE FOLLOWING AMOUNTS OF INDEBTEDNESS:

A. TO ANY UNITED STATES PERSON OWNING 5 PERCENT

OR MORE IN VALUE OF THE COMPANY'S STOCK.

NONE

B. TO ANY OTHER FOREIGN CORPORATION OWNING

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5 PERCENT OR MORE IN VALUE OF THE

OUTSTANDING STOCK OF THE FOREIGN CORPORATION. NONE

STATEMENT REQUIRED PURSUANT TO REGULATION SECTION 1.6046-1(B)(12)

PURSUANT TO REGULATION SECTION 1.6046-1(B)(12), THE FOLLOWING IS A COMPLETE LIST OF ALL SUBSCRIBERS TO THE STOCK OF THE MEDICAL CENTRE INSURANCE COMPANY, LTD. AS OF DECEMBER 31, 2008: NONE

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
							Yes	No		
JHMI UTILITIES, LLC - 20-2814243, 1101 E. 33RD STREET, BALTIMORE, MD 21218	UTILITY FACILITIES	MD	N/A	RELATED	563,222.	62,026,390.		X	3,847.	X
OPHTHALMOLOGY ASSOCIATES, LLC - 52-1890957, 1101 E. 33RD STREET, BALTIMORE, MD 21218	OPHTHALMOLOGY SERVICES	MD	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		0.	0.	X		N/A	X

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
HCP VENTURE ONE - 52-1558858 1101 E 33RD STREET STE. E001 BALTIMORE, MD 21218	MEDICAL SERVICES	MD	HOWARD COUNTY GENERAL HOSPITAL INC.	C CORP	0.	0.	.00%
HOWARD COUNTY HEALTH SERVICES, INC. - 52-1434783 1101 E 33RD STREET STE. E001 BALTIMORE, MD 21218	HEALTHCARE MANAGEMENT	MD	JOHNS HOPKINS HEALTH SYSTEM CORPORATION	C CORP	0.	0.	.00%
HSI MEDICAL SERVICES CORPORATION - 52-1847705 1101 E 33RD STREET STE. E001 BALTIMORE, MD 21218	HEALTHCARE-SLEEP DIAGNOSTICS	MD	JOHNS HOPKINS HEALTH SYSTEM CORPORATION	C CORP	0.	0.	.00%
JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION - 52-1250028, 1101 E 33RD STREET STE. E001, BALTIMORE, MD 21218	NURSING SERVICES	MD	JOHNS HOPKINS HEALTH SYSTEM CORPORATION	C CORP	0.	0.	.00%
JOHNS HOPKINS EMPLOYER HEALTH PROGRAMS INC. - 52-1947678, 1101 E 33RD STREET STE. E001, BALTIMORE, MD 21218	BENEFIT PLANS	MD	JOHNS HOPKINS HEALTH SYSTEM CORPORATION	C CORP	0.	0.	.00%

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)	JOHNS HOPKINS HEALTH SYSTEM CORPORATION	L	74,097,000.
(2)	JOHNS HOPKINS HEALTH SYSTEM CORPORATION	C	73,725,000.
(3)	JOHNS HOPKINS HEALTH SYSTEM CORPORATION	K	100,000.
(4)	JOHNS HOPKINS HEALTH SYSTEM CORPORATION	O	315,000.
(5)	JOHNS HOPKINS HEALTH SYSTEM CORPORATION	D	48,450,000.
(6)	HOWARD COUNTY GENERAL HOSPITAL, INC	K	7,653,000.

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
TCAS, INC. - 52-1979344			JOHNS HOPKINS MEDICAL				
5759 CEDAR LANE	NURSING SERVICES	MD	MANAGEMENT	C CORP	0.	0.	.00%
COLUMBIA, MD 21044			SUBURBAN HOSPITAL				
SUBURBAN CONTRACTING CORP, INC. - 52-2188022	MEDICARE CONTRACTING	MD	HEALTHCARE	C CORP	0.	0.	.00%
8600 OLD GEORGETOWN ROAD			SUBURBAN HOSPITAL				
BETHESDA, MD 20814			SUBURBAN HOSPITAL				
SUBURBAN HEALTH ENTERPRISES, INC. - 52-2052352	MEDICAL OFFICE	MD	HEALTHCARE	C CORP	0.	0.	.00%
8600 OLD GEORGETOWN ROAD	LEASING AND RELEASING		SUBURBAN HOSPITAL				
BETHESDA, MD 20814			SUBURBAN HOSPITAL				
SUBURBAN SPECIALTY CARE PHYSICIANS, PC - 52-2116011	MULTI SPECIALTY MEDICAL PRACTICE	MD	HEALTHCARE	C CORP	0.	0.	.00%
8600 OLD GEORGETOWN ROAD							
BETHESDA, MD 20814							

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

	(A) Name of other organization	(B) Transaction type (a-f)	(C) Amount involved
(7)	JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC	K	11,274,000.
(8)	JOHNS HOPKINS COMMUNITY PHYSICIANS, INC	K	403,000.
(9)	JOHNS HOPKINS COMMUNITY PHYSICIANS, INC	B	2,609,000.
(10)	JOHNS HOPKINS MEDICAL SERVICES CORPORATION	D	1,200,000.
(11)	JOHNS HOPKINS HOSPITAL ENDOWMENT FUND, INC	C	7,074,890.
(12)	JOHNS HOPKINS EMPLOYER HEALTH PROGRAMS INC.	L	4,358,000.
(13)	JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION	L	13,618,000.
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAND	VARIOUS		.000		HY16	5,429,394.				5,429,394.			0.	
2	LAND IMPROVEMENTS	VARIOUS		.000		HY16	7,815,270.				7,815,270.	5,799,338.		214,671.	6,014,009.
3	LEASEHOLD IMPROVEMENTS	VARIOUS		.000		HY16	4,922,603.				4,922,603.	2,691,386.		282,446.	2,973,832.
4	BUILDINGS	VARIOUS		.000		HY16	400964350.				400964350.	169014883.		17035067.	186049960.
5	FIXED EQUIPMENT	VARIOUS		.000		HY16	242448788.				242448788.	172532005.		8,060,220.	180592225.
6	MAJOR MOVEABLE EQUIPMENT	VARIOUS		.000		HY16	292801700.				292801700.	170436878.		23603475.	196040353.
7	TELEPHONE	VARIOUS		.000		HY16	4,294,721.				4,294,721.	4,058,866.		213,168.	4,272,034.
8	SOFTWARE	VARIOUS		.000		HY16	38806916.				38806916.	10147300.		2,566,926.	12714226.
10	CONSTRUCTION IN PROGRESS	VARIOUS		.000		HY16	602535774.				602535774.			0.	
	* TOTAL 990 PAGE 10 DEPR						1600019516.				1600019516.	533972410.		54684289.	58856639.

Depreciation and Amortization 990
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

THE JOHNS HOPKINS HOSPITAL

FORM 990 PAGE 10

Identifying number
 52-0591656

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	54,684,229.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	54,684,229.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%			S/L -			
		%			S/L -			
		%			S/L -			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year:					
43 Amortization of costs that began before your 2008 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Information Return of U.S. Persons With Respect To Certain Foreign Corporations

(Rev. December 2007)
Department of the Treasury
Internal Revenue Service

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning **JAN 1, 2008**, and ending **DEC 31, 2008**

Attachment
Sequence No. **121**

Name of person filing this return THE JOHNS HOPKINS HOSPITAL <small>Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)</small> 1101 E. 33RD STREET, TERRACE LEVEL, NO. <small>City or town, state, and ZIP code</small> BALTIMORE, MD 21218	A Identifying number 52-0591656 B Category of filer (See instructions. Check applicable box(es)): 1 (repealed) 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/> C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period _____ % Filer's tax year beginning JUL 1, 2008 , and ending JUN 30, 2009
--	---

D Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated.

1a Name and address of foreign corporation THE MEDICAL CENTRE INSURANCE COMPANY, LTD. P.O. BOX HM 1760 HAMILTON HM HX BERMUDA		b Employer identification number, if any c Country under whose laws incorporated BERMUDA		
d Date of incorporation 06/27/78	e Principal place of business BERMUDA	f Principal business activity code number 524150	g Principal business activity INSURANCE	h Functional currency UNITED STATES, DOLLAR

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b If a U.S. income tax return was filed, enter: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><i>(i)</i> Taxable income or (loss)</td> <td style="width:50%;"><i>(ii)</i> U.S. income tax paid (after all credits)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	<i>(i)</i> Taxable income or (loss)	<i>(ii)</i> U.S. income tax paid (after all credits)		
<i>(i)</i> Taxable income or (loss)	<i>(ii)</i> U.S. income tax paid (after all credits)				

c Name and address of foreign corporation's statutory or resident agent in country of incorporation INTERNATIONAL ADVISORY SERVICES LTD IAS BUILDING - WEST, 44 CHURCH ST HAMILTON HM 12 BERMUDA	d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different
---	---

Schedule A Stock of the Foreign Corporation		
(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	<i>(i)</i> Beginning of annual accounting period	<i>(ii)</i> End of annual accounting period
COMMON	150,000	150,000

Schedule B U.S. Shareholders of Foreign Corporation

(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of subpart F income (enter as a percentage)
CORNELL UNIVERSITY 1300 YORK AVENUE RM F104 NEW YORK NY 10021 15-0532082	COMMON	15,000	15,000	10.00%
THE NY PRESBYTERIAN HOSP 525 EAST 68TH STREET NEW YORK NY 10021 13-3957095	COMMON	30,000	30,000	20.00%
UNIVERSITY OF ROCHESTER 601 ELMWOOD AVE BOX 706 ROCHESTER NY 14642 16-0743209	COMMON	30,000	30,000	20.00%
THE JOHNS HOPKINS UNIVER CHARLES & 34TH STREETS BALTIMORE MD 21218 52-0595110	COMMON	15,000	15,000	10.00%
THE JOHNS HOPKINS HOSPIT 600 NORTH WOLFE STREET BALTIMORE MD 21287 52-0591656	COMMON	15,000	15,000	10.00%

Schedule C Income Statement

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

		Functional Currency	U.S. Dollars
Income	1a Gross receipts or sales	1a	224,391,316.
	b Returns and allowances	1b	
	c Subtract line 1b from line 1a	1c	224,391,316.
	2 Cost of goods sold	2	
	3 Gross profit (subtract line 2 from line 1c)	3	224,391,316.
	4 Dividends	4	9,702,096.
	5 Interest	5	19,026,940.
	6a Gross rents	6a	
	b Gross royalties and license fees	6b	
7 Net gain or (loss) on sale of capital assets	7	-2,643,943.	
8 Other income (attach schedule)	8		
9 Total income (add lines 3 through 8)	9	250,476,409.	
Deductions	10 Compensation not deducted elsewhere	10	
	11a Rents	11a	
	b Royalties and license fees	11b	
	12 Interest	12	1,479,665.
	13 Depreciation not deducted elsewhere	13	
	14 Depletion	14	
	15 Taxes (exclude provision for income, war profits, and excess profits taxes)	15	
	16 Other deductions (attach schedule - exclude provision for income, war profits, and excess profits taxes) SEE STATEMENT 6	16	252,596,791.
17 Total deductions (add lines 10 through 16)	17	254,076,456.	
Net Income	18 Net income or (loss) before extraordinary items, prior period adjustments, and the provision for income, war profits, and excess profits taxes (subtract line 17 from line 9)	18	-3,600,047.
	19 Extraordinary items and prior period adjustments	19	
	20 Provision for income, war profits, and excess profits taxes	20	
	21 Current year net income or (loss) per books (combine lines 18 through 20)	21	-3,600,047.

Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued

	(a) Name of country or U.S. possession	Amount of tax		
		(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars
1	U.S.			
2				
3				
4				
5				
6				
7				
8	Total			

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	82,229,145.	130,879,783.
2a	Trade notes and accounts receivable		
b	Less allowance for bad debts	()	()
3	Inventories		
4	Other current assets (attach schedule) SEE STATEMENT 7	43,420,484.	128,485,790.
5	Loans to shareholders and other related persons		
6	Investment in subsidiaries (attach schedule)		
7	Other investments (attach schedule) SEE STATEMENT 8	970,765,567.	724,009,169.
8a	Buildings and other depreciable assets		
b	Less accumulated depreciation	()	()
9a	Depletable assets		
b	Less accumulated depletion	()	()
10	Land (net of any amortization)		
11	Intangible assets:		
a	Goodwill		
b	Organization costs		
c	Patents, trademarks, and other intangible assets		
d	Less accumulated amortization for lines 11a, b, and c	()	()
12	Other assets (attach schedule)		
13	Total assets	1,096,415,196.	983,374,742.
Liabilities and Shareholders' Equity			
14	Accounts payable	881,603.	742,387.
15	Other current liabilities (attach schedule)		
16	Loans from shareholders and other related persons		
17	Other liabilities (attach schedule) SEE STATEMENT 9	861,177,333.	988,254,373.
18	Capital stock:		
a	Preferred stock		
b	Common stock	150,000.	150,000.
19	Paid-in or capital surplus (attach reconciliation) SEE STATEMENT 10	386,280,291.	149,902,062.
20	Retained earnings	-152,074,031.	-155,674,080.
21	Less cost of treasury stock	()	()
22	Total liabilities and shareholders' equity	1,096,415,196.	983,374,742.

Schedule G Other Information

- | | | |
|--|--------------------------|-------------------------------------|
| | Yes | No |
| 1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," see the instructions for required attachment. | | |
| 2 During the tax year, did the foreign corporation own an interest in any trust? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," you are generally required to attach Form 8858 for each entity (see instructions). | | |
| 4 During the tax year, was the foreign corporation a participant in any cost sharing arrangement? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Schedule H Current Earnings and Profits

Important: Enter the amounts on lines 1 through 5c in functional currency.

1 Current year net income or (loss) per foreign books of account	1	-3,600,047.
2 Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):		
	Net Additions	Net Subtractions
a Capital gains or losses		
b Depreciation and amortization		
c Depletion		
d Investment or incentive allowance		
e Charges to statutory reserves		
f Inventory adjustments		
g Taxes		
h Other (attach schedule)	12,350,980.	
3 Total net additions	12,350,980.	
4 Total net subtractions		
5a Current earnings and profits (line 1 plus line 3 minus line 4)	5a	8,750,933.
b DASTM gain or (loss) for foreign corporations that use DASTM	5b	
c Combine lines 5a and 5b	5c	8,750,933.
d Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations)	5d	8,750,933.

Enter exchange rate used for line 5d ▶

Schedule I Summary of Shareholder's Income From Foreign Corporation

1 Subpart F income (line 38b, Worksheet A in the instructions)	1	
2 Earnings invested in U.S. property (line 17, Worksheet B in the instructions)	2	
3 Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions)	3	
4 Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions)	4	
5 Factoring income	5	
6 Total of lines 1 through 5. Enter here and on your income tax return	6	
7 Dividends received (translated at spot rate on payment date under section 989(b)(1))	7	626,364.
8 Exchange gain or (loss) on a distribution of previously taxed income	8	

- | | | |
|--|--------------------------|-------------------------------------|
| | Yes | No |
| • Was any income of the foreign corporation blocked? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Did any such income become unblocked during the tax year (see section 964(b))? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If the answer to either question is "Yes," attach an explanation.

**SCHEDULE J
(Form 5471)**

(Rev. December 2005)
Department of the Treasury
Internal Revenue Service

**Accumulated Earnings and Profits (E&P)
of Controlled Foreign Corporation**

OMB No. 1545-0704

▶ Attach to Form 5471.

Name of person filing Form 5471

Identifying number

THE JOHNS HOPKINS HOSPITAL

52-0591656

Name of foreign corporation

THE MEDICAL CENTRE INSURANCE COMPANY, LTD.

Important. Enter amounts in functional currency.	(a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance)	(b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance)
1 Balance at beginning of year	-200347780.	
2a Current year E&P	8,750,933.	
b Current year deficit in E&P		
3 Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)	-191596847.	
4 Amounts included under section 951(a) or reclassified under section 959(c) in current year		
5a Actual distributions or reclassifications of previously taxed E&P		
b Actual distributions of nonpreviously taxed E&P	8,750,933.	
6a Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)		
b Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)	-200347780.	
7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)	-200347780.	

	(c) Previously Taxed E&P (sections 959(c)(1) and (2) balances)			(d) Total Section 964(a) E&P (combine columns (a), (b), and (c))
	(i) Earnings Invested in U.S. Property	(ii) Earnings Invested in Excess Passive Assets	(iii) Subpart F Income	
1				-200347780.
2a				
b				
3				
4				
5a				
b				
6a				
b				
7				-200347780.

Organization or Reorganization of Foreign Corporation, and Acquisitions and Dispositions of its Stock

OMB No. 1545-0704

▶ Attach to Form 5471.

Name of person filing Form 5471 THE JOHNS HOPKINS HOSPITAL	Identifying number 52-0591656
Name of foreign corporation THE MEDICAL CENTRE INSURANCE COMPANY, LTD.	

Important: Complete a separate Schedule O for each foreign corporation for which information must be reported.

Part I To Be Completed by U.S. Officers and Directors

(a) Name of shareholder for whom acquisition information is reported	(b) Address of shareholder	(c) Identifying number of shareholder	(d) Date of original 10% acquisition	(e) Date of additional 10% acquisition

Part II To Be Completed by U.S. Shareholders

Note: If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. person.

Section A - General Shareholder Information

(a) Name, address, and identifying number of shareholder(s) filing this schedule	(b) For shareholder's latest U.S. income tax return filed, indicate:			(c) Date (if any) shareholder last filed information return under section 6046 for the foreign corporation
	(1) Type of return (enter form number)	(2) Date return filed	(3) Internal Revenue Service Center where filed	
JOHNS HOPKINS HOSP 52-0591656 1101 E 33RD STREET BALTIMORE MD 21218	990	05/15/10	E-FILED	05/15/10

Section B - U.S. Persons Who Are Officers or Directors of the Foreign Corporation

(a) Name of U.S. officer or director	(b) Address	(c) Social security number	(d) Check appropriate box(es)	
			Officer	Director
SEE FORM 990 SCH O				

Section C - Acquisition of Stock

(a) Name of shareholder(s) filing this schedule	(b) Class of stock acquired	(c) Date of acquisition	(d) Method of acquisition	(e) Number of shares acquired		
				(1) Directly	(2) Indirectly	(3) Constructively

(f) Amount paid or value given	(g) Name and address of person from whom shares were acquired

Section D - Disposition of Stock

(a) Name of shareholder disposing of stock	(b) Class of stock	(c) Date of disposition	(d) Method of disposition	(e) Number of shares disposed of		
				(1) Directly	(2) Indirectly	(3) Constructively

(f) Amount received	(g) Name and address of person to whom disposition of stock was made

Section E - Organization or Reorganization of Foreign Corporation

(a) Name and address of transferor	(b) Identifying number (if any)	(c) Date of transfer

(d) Assets transferred to foreign corporation			(e) Description of assets transferred by, or notes or securities issued by, foreign corporation
(1) Description of assets	(2) Fair market value	(3) Adjusted basis (if transferor was U.S. person)	

Section F - Additional Information

(a) If the foreign corporation or a predecessor U.S. corporation filed (or joined with a consolidated group in filing) a U.S. income tax return for any of the last 3 years, attach a statement indicating the year for which a return was filed (and, if applicable, the name of the corporation filing the consolidated return), the taxable income or loss, and the U.S. income tax paid (after all credits).

(b) List the date of any reorganization of the foreign corporation that occurred during the last 4 years while any U.S. person held 10% or more in value or vote (directly or indirectly) of the corporation's stock ►

(c) If the foreign corporation is a member of a group constituting a chain of ownership, attach a chart, for each unit of which a shareholder owns 10% or more in value or voting power of the outstanding stock. The chart must indicate the corporation's position in the chain of ownership and the percentages of stock ownership (see instructions for an example).

FORM 5471 NAME, ADDRESS, IDENTIFYING NUMBER AND NUMBER OF STATEMENT 5
 SHARES SUBSCRIBED TO BY EACH SUBSCRIBER TO
 THE STOCK OF THE FOREIGN CORPORATION

NAME AND ADDRESS	IDENTIFYING NUMBER	NUMBER OF SHARES
SEE FORM 990 SCHEDULE O		

FORM 5471 OTHER DEDUCTIONS STATEMENT 6

DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
LOSSES INCURRED			247,394,190.
ACQUISITION EXPENSE			2,243,913.
MANAGEMENT FEES			103,500.
LEGAL AND PROFESSIONAL FEES			112,195.
AUDIT FEES			111,234.
TRAVEL & MEETING EXPENSES			171,292.
INVESTMENT MANAGEMENT FEES			2,361,629.
U.S. WITHHOLDING TAX			76,738.
MISCELLANEOUS			12,695.
BANK CHARGES			1,075.
ANNUAL BUSINESS FEES			8,330.
TOTAL TO 5471, SCHEDULE C, LINE 16			252,596,791.

FORM 5471 OTHER CURRENT ASSETS STATEMENT 7

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
ACCRUED INTEREST RECEIVABLE	2,717,553.	1,952,562.
ADVANCES FOR LOSSES PAYABLE	5,826,544.	2,672,969.
RESERVES RECOVERABLE FROM REINSURERS	34,873,600.	30,875,000.
OTHER ASSETS	2,787.	12,816.
RECEIVABLE FOR SECURITIES SOLD		92,972,443.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 4	43,420,484.	128,485,790.

FORM 5471	OTHER INVESTMENTS	STATEMENT	8
DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD	
INVESTMENTS	970,765,567.	724,009,169.	
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 7	970,765,567.	724,009,169.	

FORM 5471	OTHER LIABILITIES	STATEMENT	9
DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD	
PROVISIONS FOR UNPAID CLAIMS & CLAIMS EXP FUNDS WITHHELD FROM REINSURERS	827,923,600.	868,825,000.	
PAYABLE FOR SECURITIES PURCHASED	32,881,441.	34,361,106.	
PAYABLE TO RELATED PARTIES	0.	85,068,267.	
	372,292.	0.	
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 17	861,177,333.	988,254,373.	

FORM 5471	RECONCILIATION OF PAID-IN OR CAPITAL SURPLUS	STATEMENT	10
DESCRIPTION	BEGINNING OF YEAR	END OF YEAR	
BEGINNING BALANCE	332,979,097.	386,280,291.	
DISTRIBUTIONS OF CAPITAL TO SHAREHOLDERS	-6,002,436.	-23,664,248.	
CONTRIBUTIONS OF CAPITAL FROM SHAREHOLDERS	31,368,541.	18,597,428.	
OTHER COMPREHENSIVE INCOME/(LOSS)	27,935,089.	-231,311,409.	

FORM 5471	OTHER NET ADJUSTMENTS	STATEMENT	11
DESCRIPTION	NET ADDITIONS	NET SUBTRACTIONS	
OTHER THAN TEMP IMPAIR ON MKT SEC	12,350,980.		
TOTAL TO 5471, PAGE 4, SCHEDULE H, LINE 2H	12,350,980.		